

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 4

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

01-01-00

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

~~42 CFR Part 442~~ 42 CFR 447*

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 1,236,675b. FFY 2001 \$ 1,652,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 1.7

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):~~Same Page as Pending, New 07-01-98, Title 98-20~~
None - New Page*

10. SUBJECT OF AMENDMENT:

Adding annual adjustment for NF rate equal to COLA's as mandated by State law.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

3-29-00

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Bilie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 30, 2000

18. DATE APPROVED:

November 7, 2000

19. EFFECTIVE DATE OF APPROVED:

January 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS: *Pen and Ink changes to Block 6 and 9, Per State's Letter of 09-17-2000.

c: Mike Fogarty
Jim Hancock
Billie Wright

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

- E. Beginning 01-01-2000 the rates will be adjusted annually on January 1, in an amount equal to the estimated savings to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the Federal Register and the resulting effect to the spenddown required of the recipients. The rate adjustment will be determined as follows: the most recent calendar year (CY) total spenddown for Medicaid clients determined from the MMIS (Medicaid Management Information System), will be adjusted to the rate period (CY) by the Social Security Cost of Living increases as published in the Federal Register. The resulting spenddown estimate will be divided by the most recent available SFY total Medicaid days from the MMIS to determine the rate adjustment.

Revised 01-01-00

TN# 00-04 Approval Date 11-07-00 Effective Date 01-01-00
Supersedes TN#
SUPERSEDES: NONE - NEW PAGE

STATE	<u>Okla</u>	A
DATE REC'D	<u>03-30-00</u>	
DATE APP'D	<u>11-07-00</u>	
DATE EFF	<u>01-01-00</u>	
HCFA 179	<u>00-04</u>	